

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 188
Registered No. 422

1. PLACE OF BIRTH

County Pima State Ariz
District or Township _____ or Village _____
City Miami No. 53 Davis Canyon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Elvinda Zapia (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other ✓ 5. Legitimate? Yes 6. Date of birth 8-14-29
Month Day Year

FATHER		MOTHER	
8. Full name <u>Jose Zapia</u>	14. Full maiden name <u>Matilda Galvan</u>	9. Residence <u>Miami</u> (Usual place of abode) If non-resident, give place and state. <u>Ariz</u>	15. Residence <u>Miami</u> (Usual place of abode) If non-resident, give place and state. <u>Ariz</u>
10. Color or race <u>Mex</u>	16. Color or race <u>Mex</u>	11. Age at last birthday <u>30</u> (Years)	17. Age at last birthday <u>29</u> (Years)
12. Birthplace (city or place) <u>Shafter</u> (State or country) <u>Texas</u>	18. Birthplace (city or place) <u>Mexico</u> (State or country) _____	13. Occupation <u>miner</u> Nature of industry <u>Copper mining</u>	19. Occupation <u>Housewife</u> Nature of industry _____

20. Number of children of this mother 4 (a) Born alive and now living 2
(Taken as of time of birth of child herein (b) Born alive but now dead 2
certified and including this child.) (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 1300 m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature L. A. Rowe
(Physician or midwife.)

Given name added from a supplemental report _____ Address M. I. Hospital Miami Ariz

Filed Sept 12, 19 29 L. E. Dwyer
Registrar

531-814-475